

IAP8 Rec'd PCT/PTO 08 DEC 2005

Application Data Sheet**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: A SELF TEST SYSTEM FOR A  
MEDICAL DEVICE  
Attorney Docket Number:: 3003-1169  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: DESMOND  
Middle Name:: BRYAN  
Family Name:: MILLS  
Name Suffix::  
City of Residence:: GLOUCESTERSHIRE  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing IXA MEDICAL PRODUCTS LIMITED  
Address:: DEZAC HOUSE, MONTPELLIER STREET,  
CHELTENHAM  
City of Mailing Address:: GLOUCESTERSHIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: GL50 1SS

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: KEVIN  
Middle Name::  
Family Name:: HERBERT  
Name Suffix::  
City of Residence:: GLOUCESTERSHIRE  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing IXA MEDICAL PRODUCTS LIMITED  
Address:: DEZAC HOUSE, MONTPELLIER STREET,

CHELTENHAM

City of Mailing Address:: GLOUCESTERSHIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: GL50 1SS

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/GB2004/002522	6/14/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
UNITED KINGDOM	0313815.3	6/14/03	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::

Postal or Zip Code of Mailing Address::